DOCUMENT RESUME

ED 203 230 CG 015 213

AUTHOR	Kalish, Richard A.
TITLE	Adult Daycare Services: An Introduction to the Literature. Selected Topics in Long Term Care. Volume 2.
INSTITUTION	ELM Services, Inc., Washington, D.C.
SPONS AGENCY	Administration on Aging (DHEW), Washington, D.C.
PUB DATE	Sep 80
CONTRACT	HEW-105-79-3008
NOTE	52p.: For related documents, see CG 015 212-217.
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Adult Day Care: *Agency Cooperation: *Coordination: *Delivery Systems: Financial Support: Gerontology: *Health Services: Models: Older Adults: Professional Personnel: *Program Development
IDENTIFIERS	*Long Term Care Facilities

ABSTRACT

This document, one in a series developed to provide technical assistance to 22 Long-Term Care Gerontology Centers, initially discusses several definitions and models of geriatric day care and its relationship to institutional care. The second section focuses on the development of adult daycare, including admission and program policies, funding sources, cost effectiveness, staffing, and programming. An annotated bibliography is provided along with other informational resources. A chart listing the issues addressed by the bibliographic resources is also included in the reference section. (RC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

HRP-0902772

ELMI Services INC

ED203230

ADULT DAYCARE SERVICES: AN INTRODUCTION TO THE LITERATURE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Volume 2 in a Series:

Selected Topics in
Long Term Care

September, 1980

Developed under
Administration on Aging
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICE
Contract No. HEW-105-79-3008

CG 015213

Selected Topics In Long Term Care

Volume 2

Adult Daycare Services: An Introduction To The Literature

Prepared by ELM Services, Inc.

With an Essay by

Richard A. Kalish, Ph.D

And A Bibliography By

ELM Services, Inc.
Long Term Care Gerontology Group

CG 0152 13

Developed under
Administration on Aging Contract No. HEW 105-79-3008

September 1980

PREFACE

This document is one of a series developed by ELM Services, Inc. and a group of special consultants under Administration on Aging contract HEW-105-79-3008, a contract to provide technical assistance to twenty-two Long Term Care Gerontology Centers. The series, entitled Selected Topics in Long Term Care, contains five monographs with annotated bibliographies and additional resources. They are:

Volume 1: Models for Service Delivery for Long Term Care: An Introduction to the Literature, with an essay by Rosalie A. Kane, D.S.W. and Robert L. Kane, M.D.

Volume 2: Adult Daycare Services: An Introduction to the Literature with an essay by Richard A. Kalish, Ph.D.

Volume 3: Financing Long Term Care, with essay and bibliography by Jay Greenberg, Sc.D. and David Doth, M.A.

Volume 4: Program Evaluation and Evaluation Research: Theory, Issues and Applications Useful in Long Term Care Gerontology Centers, with an essay by David J. English, D.B.A. and Celia Berdes, M.S.P.H.

Volume 5: Education and Training Resources for Long Term Care Gerontology Centers, with an essay by Tom Hickey, Dr.P.H.

Each of the identified topics in the monograph series is integral to the Centers' basic mission of enhancing knowledge in long term care through policy research, increasing manpower in gerontology/-geriatrics, and/or providing technical assistance to communities in their regions.

The mandate of Long Term Care Gerontology Centers has been expressed by the Commissioner of the Administration on Aging, Robert Benedict:

> Comprehensive designation will be a recognition that these few centers have achieved a critical mass of intellectual talent, of community linkages, and of programmatic development across a wide variety of disciplines. Designation will serve as a measure of accomplishments pointing to these "centers of excellence" as those few institutions which are comprehensive programmatically in research, education and training, foremost in the creation of service laboratories

> where assessment schemes, training and care with a multidisciplinary approach can be mounted, and in the development of key ties to community sites and service configurations.
>
> Comprehensive gerontology centers will develop training teams, a cadre of experts to provide the nation and their regions with manpower through inter-disciplinary education and training efforts and continuing education programs.
>
> They will develop research endeavors covering policy research, organizational design, human service system integration, economics and the whole range of validated assessment and evaluation tools we will need. They will include an emphasis on our data needs for the future.
>
> Moreover, these centers will show strong linkages to communities and to the community service systems. Hand in hand, centers will provide the knowledge and technical assistance base for communities and especially community demonstrations.[1]

These Selected Topics in Long Term Care were chosen as the result of a survey of Long Term Care Gerontology Center directors conducted in the spring of 1980. Their focus was further refined at a conference which convened a team of experts in long term care and Long Term Care Gerontology Center grantees at Thousand Islands, New York in August of that year. (A list of conferees is included as an appendix.) The objective of both processes was to meet the needs of the twenty-two centers for guides to the state-of-the-art in key areas. The more general utility of the documents reflects the process by which they were created.

Participants in the Thousand Islands conference were asked to review an initial draft of a literature search and to apply their critical comments and knowledge of resources to the content and format of the documents. The mission presented to attendees was to assist in the creation of "functional" documents which could provide centers with both an overview of the theory surrounding a specific topic and a practical guide of "how-to" information.

Consultants and grantees initially discussed the specific information needs of Center grantees. Much of this discussion

---

[1] From a speech before Long Term Care Gerontology Center grantees, February 1, 1980.

focused on the definition of the five topic areas and how information about them could be organized and presented to be of maximum use to the reader.

Each topic was then addressed by the conferees in general session. Specific subtopics were defined and further clarified in small working groups. Thus, by the end of the third day of the conference, the issues in each of the five topic areas had been identified and an approach to the presentation had been established.

The Conferees next dealt with subtopic areas, specifying key citations and fugitive information difficult to obtain but essential to an understanding of the state-of-the-art. In addition, they noted resource persons and organizations who, in the absence of literature, could provide key insights into each of the topics.

Subsequent to the Conference, ELM sought out and acquired the additional literature highlighted at the conference. In an attempt to provide the most current and advanced resources, the majority of the material cited is dated post-1975. Literature dated before that time has been cited if considered to be of special interest to centers. It has not been the intent of ELM to produce all-inclusive bibliographies, rather, the bibliographies have highlighted those portions of the literature whith appear to related to center functions or information needs.

ELM also asked individual consultants to utilize the collectively developed outlines to prepare state-of-the-art essays for each topic. These essays are intended to serve as guides to the literature.

An "Additional Resources" section has been developed by the ELM staff for four of the five monographs; the financing monograph is self-contained. Within these sections, resource persons have been identified, relevant organizations and associations have been listed, and additional bibliographies have been cited.

The resource persons have been identified through the collaborative efforts of project consultants and staff, by the extent of an individual's contribution to the literature, and finally, when agreements to be included as a resource person could be secured from the individuals themselves. The lists of resource persons are thus by no means exhaustive.

It is not intended that the role of resource persons will be to respond to every question germane to their stated field of specialization. Rather, they are to be utilized with discretion by the directors and staffs of Long Term Care Gerontology Centers when further direction or insight cannot be obtained through the literature or more readily available resources. Careful consideration should be given to the nature of a request and the time necessary to respond to that request. It should also be noted

that many of the resource persons are available for professional consultation.

A separate volume was developed (for distribution to Long Term Care Gerontology Centers only) consisting of single copies of selected articles. Articles have been selected for inclusion based on the significance of their contribution and the relative difficulty in obtaining copies. Readers may be able to obtain copies of these articles by contacting the centers. ELM also has copies of the majority of articles on file and may be able to provide single copies. A list of Long Term Care Gerontology Centers as of this date has been provided as an appendix.

ELM would like to express its appreciation for their assistance in the production of this series to all the attendees of the Thousand Islands conference. Deep appreciation must also go to Thomas Aschenbrener, the Project Officer on this technical assistance contract, for his assistance and supportive stance on innumerable occasions. Finally, ELM would like to express its appreciation to research staff members Celia Berdes, Kathleer Grady, Molly O'Connell Hart, Jane Armbruster-Hu and Patricia Berger-Friedman for their dedication and perseverance on this project.

David J. English, D.B.A.
Project Director

Lee E. Mortenson
Co-Project Director

SECTION I

THE CONCEPT OF ADULT DAYCARE

A. INTRODUCTION

An unknown cynic once remarked that every silver lining has a dark cloud. An excellent example of this paradox is the great increase in the need for long term care of the frail elderly that has accompanied reduced death rates from acute diseases. While it is unlikely that anyone would wish a return to the countless deaths caused by tuberculosis and pneumonia, few people are sanguine about our ability to provide adequately for the large numbers of individuals whose lives end with the physical and/or cognitive losses that require long term care.

Given the reality of this situation, however, both humanitarian sensitivities and economic necessity call for better programs of care for these persons. The advent of adult day health care services was probably the most significant new response of the 1970s to this call. Prior to daycare, long term care for older frail persons was limited to institutionalization, supplemented by some helpful, albeit usually uncoordinated, efforts such as delivery of meals, home repair services, and friendly visitors. In the middle 1970s, geriatric day-care, although not a new concept, began to fill the gap in a meaningful fashion. Long Term Care Gerontology Centers, as part of this new effort to bridge the gaps in the continuum of care, cannot but be interested in daycare as a phenomenon and as a service demonstration.

B. GERIATRIC DAY CARE DEFINED

The growth of daycare has been so rapid that staff members in Facility Q are sometimes unaware that the model in Facility U differs greatly from theirs. One leader in the field, Eloise Rathbone-McCuan, has proposed three models:

1. "Day care is a program of services provided under health leadership in an ambulatory care setting for adults who do not require 24-hour institutional care and yet, due to physical and/or mental impairment, are not capable of full-time independent living."

2. "Day care is primarily a social program for frail, moderately handicapped, or slightly confused older persons who need care during the day for some part of the week."

3. "Geriatric day care provides a variety and combination of individualized medical, nursing, social, and recreational services to persons who suffer from a degree of physical and/or psychosocial disability severe enough to make them potential candidates for institutional care." (McCuan & Elliot, 1976-77, p. 154-155) (Italics are in the original.)

Edith Robins, a Federal health care administrator and a pioneer in daycare, describes four modules:

1. The provision of intensive restorative medical and health supportive services to individuals who otherwise would have remained as inpatients;

2. The provision of intensive restorative services to patients after residence in a hospital or nursing home;

3. The provision of health maintenance services to a high risk population who are likely to enter institutions either immediately or in the near future; and

4. The provision of preventive care for the frail elderly who can be effectively serviced in a protected environment with appropriate activities (Robins, 1975).

Neither McCuan's models nor Robins' modules are mutually exclusive typologies and operating daycare centers may incorporate aspects of more than one type.

McCuan emphasizes the health component of daycare, and Robins, by focusing on the second and third of her modules, underlines this emphasis. Geriatric daycare has, in practice, become geriatric day health care, although the term "adult day health care" is often used (and occasionally a care facility will include non-elderly persons).

The development of daycare has been heavily influenced by Federal and State funding guidelines. Thus, legislation in California states that "Adult day health care means an organized day program of therapeutic, social, and health activities and services provided... to elderly persons with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care" (Zawadski, 1979, p. 41).

Thus, there is no one model that is daycare. Zawadski (1979) comments that the only quality all centers have in common is a group setting. Without discounting the serious implications of Zawadski's hyperbole, I would accept Robins' (1975) list of common characteristics: psychosocial activities to improve and maintain mental health, health supervision and supportive services, nutrition services, and transportation. Once again the emphasis on health is obvious.

Although not formally built into the definition of adult day health care, the long term care component vastly outweighs any programming for acute conditions. Of considerable significance in this regard is the observation that daycare is the first comprehensive long term care program for older persons to permit its participants to remain in the community. It is obvious, however, that for these frail elderly to continue to live in their homes, services other than basic day health care will be required. The implications of this for long term care professionals are only now becoming evident, but it certainly seems

that such persons need to shift attention from the institutional setting to the possibility of providing an array of long term care services in the community. These services may be developed either through one institution or through a coordinated system. A very poignant article (Henri, 1980) describes a family that brings a confused elderly parent back into the home. Although I don't wish to turn N=1 into a trend, I have little doubt that an appropriate continuum of available community care would encourage many families to risk living with frail and confused elderly.

C. ADULT DAY HEALTH CARE: AN ALTERNATIVE TO INSTITUTIONALIZATION

Geriatric daycare was first promoted in the early 1970s essentially as a cost-effective alternative to institutionalization of the elderly. The supposition was that many families would be able to maintain elderly relatives in their homes if they were relieved of responsibility for caring for them for a part of the day. At the same time, the daycare facility was seen as providing health and psychosocial services that would further add to the well-being of, and help develop competence in, the frail older person.

These assumptions have come under serious question. As early as 1975, one research team reported that lack of daycare would have led only a small proportion of that facility's participants to enter an institution. Many of those who were technically eligible simply refused to leave their homes, while others developed their own support system to enable them to remain in the community (Kalish, Lurie, Wexler, & Zawadski, 1975). A more recent statement proposes that "Planning efforts should not be based on the concept that Adult Day Health Care is exclusively or primarily an 'alternative to institutional care,' an idea which is difficult to eradicate in many policy-making and planning efforts" (Trager, 1979).

Adult day health care should not be viewed as an alternative to institutional care, but as a significant array of services in its own right. The determination as to whether an individual enters an institution is based on numerous factors, in addition to physical, cognitive, or personality impairment. These include his/her own desires, living companions, family caretakers, informal supports, community facilities, and ability to avoid the attention of social workers, police, and others who might envelop her/him in the "system". Daycare becomes one more factor that adds to, or compensates for, the other determinants. By itself, it will keep relatively few persons out of institutions. However, as Trager emphasizes, the people who have participated in daycare programs are in desperate need of such services, without regard to potential institutionalization.

In effect, daycare may reduce inappropriate use of institutions by strengthening community systems, increasing community options, and widening the range of choices for the individual (Trager, 1979). However, it probably needs to be considered as an effective method of

providing health and psychosocial services to elderly whose needs are great, rather than being held up as a way to reduce institutional populations.

Daycare can also be viewed as an alternative to a variety of services, perhaps coordinated or perhaps not, provided to a frail older person in separate settings, e.g., a hot lunch at the local church, blood pressure taken at a public health center, being bathed by a homemaker, and some social work counsel at the community mental health center. If all these services were added together, they would accumulate to what is provided at a daycare center, although without the opportunity for social stimulation.

In summary, then, what is the best definition of adult/geriatric daycare? Over and above the descriptions provided earlier in this section, the best approach, at least for the time being, may be that an adult day health care center is what adult day health care centers do. Eventually, time, experience, and the market place will broaden, narrow, or otherwise shape this developing institution.

D. UNDER WHOSE AUSPICES?

In California, a group of concerned community residents meet to discuss how best to keep their elderly in the community as long as possible. By working with the county health department, they develop a daycare center that is free-standing, functioning under a non-profit corporation. In Arizona, one institutionally-based adult daycare program evolves to an operation which utilizes a variety of local facilities, many of them already on-going, with coordination vested in a separate administrative unit. In New York, a rehabilitation center introduces a day hospital to its functions. In Nevada, a proprietary home for the elderly integrates a community daycare program into its present program.

At this juncture, there is no way to evaluate whether any of these approaches is "better" or "best". The debate between proprietary and eleemosynary facilities is far from ended, and I believe that the continuation of the debate will strengthen rather than weaken the system. The capacity to begin a new day health care facility is a function of the quality of leadership, the availability of funding, the relevance of programming to local needs, the credibility of the operation, and community responsiveness to this credibility. When these qualities inhere in a proprietary nursing home, the program will likely be successful; when they inhere in a newly-formed non-profit corporation or an existing health care facility, that program is also likely to succeed.

This does not mean that there are no advantages and disadvantages in freestanding versus integrated centers, or in proprietary versus not-for-profit facilities. In describing the development of a daycare program at the nursing home he was then administering, Theodore Koff

makes an excellent case for integrated programs and non-profit auspices: space, equipment, staff, accounting systems, and community acceptance are already in place. Conversely, Kalish and his associates detail the pros and cons of a freestanding institution. While start-up costs and pains were probably greater, such programs are not deterred by easily threatened and entrenched staff or administrators or by having to readjust institutional policy and purposes (Kalish et al, 1975; Lurie, Kalish, Wexler and Ansak, 1976).

SECTION II

DEVELOPMENT OF ADULT DAYCARE

A. NEEDED: A CONTINUUM OF CARE

The concept of continuum of care has become so familiar that it is taking its place as another platitude of the health/social care professional. Nonetheless, platitude or not, it remains a valid and extremely significant concept. Certainly, in the day health care field, providing a continuum of care is necessary if one of the prime goals, that of keeping the frail older person in the community as long as possible and functioning at the highest level possible, is to be attained.

There is no debate concerning the importance of the continuum of care. What is debatable is how this continuum is to be developed. One alternative is to work through a health planning consortium, consistng of representatives of the various available programs; the consortium may then hire a coordinator who will develop procedures and conduct the program of coordination. A second alternative is to provide the coordination on an ad hoc basis, utilizing other agencies as appropriate. And a third is to provide all or almost all services under the direct auspices of the day health care center.

For example, at the time a center is initiated, the decision may be made for the center to provide many services otherwise unavailable and to coordinate with other community agencies for services that are presently available and effective. Thus, a center might hire a part-time physical therapist, arrange with the local university for occupational therapy students to spend time at the center, and contract with a senior center nutrition program to supply meals.

Avoiding duplication of services by relying on those already available is normally advocated. Experience frequently contradicts this position, since the time and energy necessary for coordination, plus the practical difficulties of establishing joint programs, often becomes more expensive and offers much less quality control than providing all possible services in-house.

The supporters of a coordinated effort will frequently describe their community linkages very briefly, but the literature does not provide good descriptions of how linkages work in reality. Nor am I familiar with any cost-effectiveness study that compares a coordinated program with a self-sufficient program. Obviously, it would take numerous such studies to develop any principle, since any one comparison would be unduly susceptible to idiosyncratic circumstances.

Sometimes the notion of a continuum of care refers specifically to the extension of the basic day health care services into greater time coverage or space. Thus, some centers operate seven days a week instead of five; some provide care at night; and some offer respite care through local rental units for several days or more at a time, in response to family emergencies or desires for a vacation.

Before leaving this topic, additional ideas contributed by Richard Wexler (Kalish et al, 1975) may be helpful. Rather than focusing on a continuum of care, Wexler proposed a continuum of need, ranging from the need for recreation to the need for permanent extended care in a nursing home. Each need is looked at in terms of whether it is being sufficiently serviced in the community, and the day health care center can then respond to appropriate unmet needs. This list can subsequently be expanded or reduced, as experience accrues. Although similar to the continuum of care, a continuum of need considers the world from the point of view of the service recipient rather than the service provider.

B. POLICIES FOR ADMISSION AND PROGRAM

The need to coordinate policy and program is nowhere more evident than in deciding the target population for day health care services. Given the requirement to emphasize health care and long term programming, there are still innumerable decisions that must be made prior to discussion of program.

Perhaps the first decision concerns the extent of and kinds of impairment that the center will use as a basis for recruitment and selection of participants. Day health care can be, for example, a day hospital program, much like some of the well-known pioneer British programs (Brocklehurst, 1970). Day hospitals are intended for the very ill and the non-ambulatory, or for those who require considerable medical attention. However, the fact that a group of participants is not ambulatory does not mean that they require hospital care or its equivalent; bed patients may be cognitively alert and fully capable of functioning in a socially-oriented day care facility, assuming that the staff and equipment to handle their limited physical capabilities are available.

In this regard, there is a real danger in a stated policy that a program is for "the frail elderly". A determination needs to be made as to what kinds and extents of frailty can be effectively handled by the program and setting. Beds take up space; a non-ambulatory population requires equipment and attention that an ambulatory population does not need; the opportunities for funding differ with an ambulatory as opposed to non-ambulatory population. In addition, the introduction of "psychiatrically frail" patients produces further difficulties. Program applicants may be rejected because they are too healthy and self-sufficient as well as because they are too ill and require unavailable services.

But policy seldom develops in the abstract. We rarely have the luxury of deciding what would be optimum, then putting that concept into operation. The boundaries of policy may be determined by available space, by available transportation to and from the center, or by political and economic realities.

Similarly, the decision as to whether to include the psychiatrically impaired may depend more on practicalities than on preferences. How

will participants who act out disturbing psychiatric problems impinge on other participants, especially those already somewhat confused? Can two programs, one for the psychiatrically impaired and one for the physically impaired, be conducted side-by-side? Is the physical setting such that participants cannot wander about, with the attendant risks of becoming lost, robbed, or hurt in an accident? Thus, many policy issues concerning participant selection cannot be reconciled with a simple decision. A policy to avoid psychiatrically impaired participants becomes ambiguous when the applicant is a moderately confused, physically active, wheelchair patient who occasionally flares up with anger, who talks to himself frequently, and who may weep softly, all in response to the inner, rather than the external, environment.

Policy also follows funding sources. Except for the uniquely fortunate facility that is assured of funds, most daycare centers are constantly on the alert for sources of money, both to maintain and to extend their programs. If the state health department changes its basis for reimbursement, day health care center admissions policy may well change accordingly; if a private donor is intrigued by an innovative rehabilitation program, the daycare center policy may suddenly encourage innovation. Thus, in the real world, policy decisions are influenced by what is possible, what is available, what is inexpensive, and what will work, in addition to what the decision-makers would prefer.

Policy and program are, of course, both interrelated and dynamic, constantly in flux, with now one leading the way and now the other. This becomes obvious in developing the balance between health services and psychosocial programming. All day health care centers include both, but the relative emphasis varies considerably, ranging from almost completely medical programming to extensive social and psychological health-oriented programming.

Another shaping factor, in addition to policy and program, is participant needs and wants. Although participants are presumably admitted on the basis of policy to be included in a program geared to that policy, the specific participant mix of any center may have needs and wants that were not anticipated initially. In fact, given the newness of adult day health care, this is to expected.

And, finally, community needs may differ from initial assumptions. No matter how careful and comprehensive the preliminary planning and feasibility studies are, the people who really need adult day services may not be those previously believed to have these needs. Thus, policy and program both need to remain flexible and to be open to change, in order to optimize the degree to which the needs of the participants and of the community are served.

The existing literature on policy and its relationship to program, to participant need, and to community need, is of two kinds: first, that which describes optimum programs and/or theoretical models, and

second, that which describes actual programs and functioning models. The integration of these two themes is rarely accomplished, although a very few attempts (See for example Kalish et al, 1975; Zawadski, 1979) have been made.

Before leaving this topic, a final word on the relationship between policy and practice. Weiler and McCuan (1976) reported on the Trans-century survey of ten day care centers and extracted the following criteria for admission. Although several of the criteria were not found in all the programs, with modifications, they do provide basic guidelines. In effect, a day health care center participant cannot be (1) bedridden, (2) totally disoriented, (3) potentially harmful or disruptive, (4) an alcoholic or drug addict, (5) without medical need, (6) the resident of a mental institution, (7) a resident outside the program's catchment area (unless providing own transportation), or (8) younger than 55 years old (in fact, the great majority of program participants are into their seventies and beyond).

C. SOURCES OF FUNDING

Sources of financial support for daycare programs are limited, with most of the money coming, in one way or another, from some level of government. For many centers, funding remains a chronic problem.

Drawing from information gathered at a meeting of representaties of several daycare programs, Trager (1979) listed 11 sources of potential funding:

1. Medicaid, which frequently provides funding for specified health services and occasionally offers more comprehensive remibursement;

2. Title XX of the Social Security Act;

3. Revenue-sharing to the various states, which appears to be under congressional attack as this is being written;

4. Medicare;

5. Private health insurance carriers;

6. The Older Americans Act, through grants for specific programs;

7. The United Way;

8. Foundations, churches, private organizations, and individual donors;

9. Occasional public funds from local agencies;

10. Grant funds from agencies other than the Administration on Aging; and,

11. Fees collected from the participants.

The extent to which these sources are utilized will be a function of the characteristics of the program, the orientation and contacts of those attempting to raise funds, and the availability of funds through various governmental programs, among other factors.

One author (Zawadski, 1979) provides a breakdown of funding sources for a six-month period, although these sources were not representative of every six-month period in the history of that center. During the designated time, the center (On Lok Senior Health Services, based in San Francisco's Chinatown) received nearly half its funds through Medicaid reimbursement, with another 38% coming from a Federally-funded project grant. Fees paid by participants added only about 3%, with a slightly lower amount coming from a private foundation; the remainder was from Federal funds for specifically designated programs, e.g. CETA, nutrition, transportation. However, very few daycare centers can expect to receive so much money from grants; On Lok, as an early-established center with a reputation for innovative programming, has the advantage of high credibility in its applications for demonstration program funding and the disadvantage of having to put a considerable amount of its resources into the mechanics of getting and fulfilling the obligations of government grants and contracts.

D. THE COST EFFECTIVENESS ISSUE

Originally, the cost effectiveness of daycare was assumed to arise from its status as an alternative to institutional care, so that the guidelines for Federal funding required that a comparison to institutional care be made. Since then, as indicated elsewhere in this overview, the concept of daycare is defended as an optimum setting for a necessary array of services for a group of older persons for whom institutionalization may or may not be imminent.

A major difficulty in early evaluations of daycare's cost effectiveness was the tradition of evaluating programs in terms of the regained earning power of the program participants. This approach was obviously not relevant to the health care or the frail elderly. Furthermore, the comparison of daycare with institutional care is like determining the cost effectiveness of educating a skilled tool-and-die maker relative to that of educating a university philosophy professor. The time dimension is different; the equipment is different; the goals are different; and we can also ask the questions "cost to whom?" and "effectiveness to do what?"

Another possible approach to cost effectiveness is to accumulate the costs of the various services received at the daycare center, were these same services obtained elsewhere. Of course, center participants might not have the opportunity to obtain services

elsewhere. Would they have died sooner or become a costly burden to the state if these services had not been provided? Of course not. Only very recently has the cost-effectiveness literature begun to deal with the value of life satisfaction, pleasure, and enjoyment. It is difficult to integrate these factors into the cost-effectiveness equation in a quantitative fashion, but it makes a travesty of the concept of effectiveness if they are omitted.

The complexities of cost-effectiveness analysis increase again when we learn that various institutions use different categories for cost, do not follow the same cost-accounting procedures, and develop totally different outcome criteria and time intervals. An effort some years ago to develop a basis for comparing cost-effectiveness of daycare facilities with each other as well as with other options came to very pessimistic conclusions about the possibility that some standardization would be introduced (Doherty & Hicks, 1975).

Weiler and McCuan (1976) report per diem costs ranging from $11.26 to $61.56, the latter at a day hospital where there is a ratio of nearly one staff member to each patient, while the former institution has only eleven participants and just over one staff member for every five participants. Since the various daycare centers have different goals, different patient mixes in terms of health, social and nationality background, and different programmatic emphases, costs will inevitably be different.

Not only are the financial costs of day health care difficult to determine, but the significance of the outcomes required to evaluate their effectiveness is also problematic. A handful of studies have suggested that daycare does lead to improved functional effectiveness or, at the very least, slower loss of capacity. Final reports of early demonstration projects suggest that daycare is moderately effective in this regard (e.g. Kalish et al, 1975; McCuan, Kohn, Levenson, & Hsu, 1975).

Perhaps more to the point is a carefully designed study in which both daycare participants and homemaker service clients are each compared to appropriately selected control groups (Wan, Weissert, and Livierratos, 1980). Not only did control group members have higher mortality rates, but daycare participants functioned at a higher physical level than their controls and homemaker service clients indicated greater contentment than their controls. A number of persons receiving both daycare and homemaker service were significantly better off than their controls on a variety of measures. This study is especially welcome because it is based on substantial numbers of participants and its experimental-condition participants are adequately matched with controls. Hopefully it represents the beginning of much improved research on daycare, although it must be pointed out that the investigators made no attempt to relate their findings to a cost-effectiveness model.

One more finding is worth of brief mention. When the functional capacity of the elderly participants in the On Lok program was evaluated by a family member or close friend, the results showed that 40% of the frail elderly were seen as improving during their stay at On Lok, while only 8% were thought to be deteriorating; comparable data for cognitive change was 13% and 16%. Obviously the next-of-kin were able to differentiate kinds of change, so that the influence of halo effects was apparently limited. Staff ratings of the participants showed substantial gains in both cognitive and functional capacities, while the measures derived by the researchers for their own ratings were more in line with the collaterals (Kalish et al, 1975). Supporting data for family satisfaction is provided by McCuan (1976), who found 93% of her family members approving of the Levindale (Baltimore) daycare program.

On balance, the research findings appear moderately optimistic in supporting the idea that daycare leads to somewhat improved functional capacity and physical health, with cognitive capacity showing little change. Subjective judgments by participants, by staff, by family members and by observers are normally even more positive.

E. STAFFING

The nature and the numbers of daycare staff emerge from the determination of policy and the development of program. There are, however, several major unresolved issues in staff recruitment, selection, and training, and the literature is not very helpful in reconciling the disagreements. Thus, Trager (1979) points out that some programs have found extensive use of ancillary personnel to be totally acceptable, while others have emphasized the importance of using primarily trained, experienced, skilled professionals. Unfortunately, articles that describe staff roles in one facility (see for example Greiff & McDonald, 1973) seldom if ever shed any light on this matter.

Two qualities for effective staff are described with some frequency (Trager, 1979): first, the staff should function as a team, and second, staff members need to find satisfaction in producing minimal change or even in reducing loss. Neither of these have been investigated, to my knowledge, by research, although both claims have high face validity.

Zawadski (1979) describes the interaction of staff members on intake evaluation and planning programs for individual participants. Although his hypothetical anecdote describes the contribution of several competent professionals from different disciplines, he does not discuss the financial costs nor evaluate the effectiveness in comparison to other models. Again, Zawadski's model has high face validity as an excellent example of the team approach in operation, but lacks adequate substantiation.

Whether staff requirements and training for adult day health care facilities differ from comparable requirements and training for other geriatric health care personnel is not really known. Nor do we really know the extent to which various presumably desirable personality characteristics (e.g. patient, caring, compassionate, supportive) are actually more effective for this work than for any other human service work. Perhaps preferred characteristics are so much a function of the individual setting that generalizations cannot properly be made. This also is a matter of conjecture.

Staff training is another area about which very little has been written. Is it important for the staff to know something about the process of aging? About institutional structure? About organicity? The obvious answer is "yes", but the evidence is based more on assumptions than on evidence. Trager (1979) suggests that a comprehensive care training program be developed, based on a combination of professional training in the individual's discipline and specific application to day health care.

One area of staff selection and training has received relatively little attention, but deserves mention: that the ethnic, nationality, religious, and language distribution of the participants be acknowledged in the hiring of staff. This is not to suggest quotas, but to provide center participants with staff members to whom they can speak their native language (since many elderly have English as a second language) and with whom they share ethnic, nationality and religious experiences. This, again, is not limited to adult daycare centers, but would be a general principle of staffing for all human service organizations.

F. PROGRAMMING IN ADULT DAY HEALTH CARE CENTERS

Programming in daycare centers varies as a function of the purposes of the center, the qualifications of the staff, the financial support, and other factors. Nonetheless, certain basic services are offered by most programs. Weiler and McCuan (1976) have described these as follows:

- general nursing services;
- referrral to community services, e.g. senior center, hospital emergency service;
- social work services;
- recreation activities:
- assistance with activities of daily living;
- supervision of personal hygiene; and,
- a noontime meal.

Additional services that are sometimes provided include additional meals, health and nutritional education, physician services, sheltered workshop, laundry, transportation, physical and occupational therapy, and innumerable others.

The literature contains numerous articles describing various daycare programs, sometimes as part of a more detailed center description. These include the Handmaker Jewish Geriatric Center, Tucson (Koff, 1974); a vacation and holiday guest program at Menorah Park Jewish Home for the Aged, Cleveland (Bram, 1974); Levindale Adult Day Treatment Center, Baltimore (Kostick, 1974; McCuan & Elliott, 1976-77); Kuakini and Hale Ho'ola'i Centers, Honolulu (Gustafson, 1974); On Lok Senior Health Center, San Francisco (Lurie et al, 1976); the day hospital at the Burke Rehabilitation Center, White Plains (Lorenze, Hamill, and Oliver, 1974); and numerous others.

Since the specific services provided through daycare are not in themselves unique, there seems little purpose in delineating these further. Nor is there anything unique about the physical settings in which these exist. The contribution of adult day health care programming is not the specific content, which is readily (or sometimes not so readily) available elsewhere, but the fact that these services are provided to the frail elderly in a single center. When this is planned and carried out appropriately, these individuals, who are almost always at high risk medically, psychologically, cognitively, functionally, and/or socially, not only receive the individual services, but are provided with the integrated efforts of interdisciplinary team of service providers (e.g. social worker, physical therapist, nurse, physician, etcetera) working closely together to plan and oversee carefully individualized programs.

An initial case conference determines the frequency with which the participants will attend the center, as well as their activities once there. By conferencing on participants on a regular basis, changes in these case management plans can be made to adjust the participant's program to improved functioning, to new losses, or to other changes. Arrangements for transportation to and from the center and to and from services not offered at the center can also be developed. And when participants finally leave the center, either because they have improved to the point where they no longer need the services or deteriorated to the point that the services are no longer able to meet needs, the center staff will frequently maintain them on the records and continue their contacts as long as possible.

G. CONCLUSION

One of the charges of this paper was to discuss the gaps in the literature and how these gaps affect the research agenda for the professionals of the Long Term Care Gerontology Centers. Except for descriptions of programs, the entire adult/geriatric day health care literature is one large gap. Policies and purposes and programs have been described, but virtually no evaluation has been accomplished.

The little, and for the most part inadequate, research that has been accomplished does indicate that the daycare centers are certainly providing an amazing variety of services to a variety of frail elderly, and that these services have on the whole a positive effect. Beyond those two statements, both of them based on personal observations and sketchy research findings, the entire field of daycare has enormous research potential.

FOOTNOTES

1. Bram, H.B. "Vacation and holiday guest program." The Gerontologist 14 (1974): 29-30.

2. Brocklehurst, J.C. The geriatric day hospital. London: King Edward's Hospital Fund, 1970.

3. Doherty, N.J.G., and Hicks, B.C. "The use of cost-effectiveness analysis in geriatric day care." The Gerontologist 15 (1975): 412-417.

4. Greiff, S.A. and McDonald, R.D. "Roles of staff in a psychogeriatric day care center." The Gerontologist 13 (1973): 39-44.

5. Gustafson, E. "Day care for the elderly." The Gerontologist 14 (1974): 46-49.

6. Henri, J. "An Alternative to Institutionalization." The Gerontologist 20 (1980): 418-420.

7. Kalish, R.A.; Lurie, E.; Wexler, R.; and Zawadski, R.T. On Lok Senior Health Services: Evaluation of a Success. San Francisco, On Lok Senior Health Services, 1975.

8. Koff, T.H. "Rationale for services: Day care, allied care, and coordination." The Gerontologist 14 (1974): 26-29.

9. Kostick, A. "Levindale day care program." The Gerontologist 14 (1974): 31-32.

10. Lorenze, E.J. III; Hamill, C.M.; and Oliver, R.C. "The day hospital: An alternative to institutional care." Journal of the American Geriatrics Society 21 (1974): 316-320.

11. Lurie, E.; Kalish, R.A.; Wexler, R.; and Ansak, M.L. "On Lok Senior Day Health Center." The Gerontologist 16 (1976): 39-46.

12. McCuan, E.R. "Geriatric day care: A family perspective." The Gerontologist 16 (1976): 517-521.

13. McCuan,E.R.; Lohn, H.; Levenson, J.; and Hsu, J. Cost-effectveness evaluation of the Levindale Adult Treatment Center. Final project report to the Administration on Aging, 1975.

14. McCuan, E.R. and Elliot, M.W. "Geriatric day care in theory and practice." Social Work in Health Care 2 (1976-1977): 153-170.

15. Robins, E.G. Operational research in geriatric day care in the United States. Presentation to the 10th International Congress on Gerontology, Jerusalem, Israel, June 22-27, 1975.

16. Trager, B. Adult day health care: A conference report. Based on conference in Arlington, Virginia (1977) and Tucson, Arizona (1978), Mimeo, 1979.

17. Wan, T.T.H.; Weissert, W.G.; and Livieratos, B.B. "Geriatric day care and homemaker services: An experimental study." Journal of Gerontology 35 (1980): 256-274.

18. Weiler, P. and McCuan, E.R. "Day care programs in the United States." In Adult day care: Community work with the elderly. Edited by P. Weiler and E. R. McCuan. New York: Springer, 1976.

19. Zawadski, R.T. On Lok Senior Health Services: Toward a continuum of care. San Francisco, On Lok Senior Health Services: 1979.

ADULT DAYCARE

BIBLIOGRAPHY

"ACNHA's [American College of Nursing Home Administrators] Research Brief: Surveys on Adult Day Care Services." Journal of Long Term Administration 5 (1978): 27-34.

This article reports on the outcome of two surveys conducted by the American College of Nursing Home Administrators in the Fall of 1976 for purposes of developing a series of seminars for nursing home administrators on establishing daycare programs for the elderly. The survey indicates a strong interest among nursing home administrators for developing day care programs within their institutions and a discussion which follows provides information and poses some questions about regulations and licensure for day care.

Andrews, J.; Fairley, A.; and Hyland, M. "A Geriatric Day Ward in an English Hospital." Journal of the American Geriatrics Society 18 (1970): 378-380.

Using the Day Ward of West Middlesex Hospital in England as the model for discussion, the author provides statistics on the scope of work carried out in the Day Ward. The recommendation is made to link services to a Geriatric Department within a hospital while continuing to be associated with daycare centers in the community to prevent post-discharge deterioration of patients. A marked distinction is made between the day hospital and the daycare center.

Arie, T. "Day Care in Geriatric Psychiatry, 1978." Age and Ageing 8, supplement (1979): 87-91.

Psychogeriatric day hospitals in Great Britain serve the primary function of providing psychiatric long term care, often expanding the pool of patients who are receiving care rather than acting as a substitute for hospitalization. Geriatric psychiatry within a day hospital provides a support system often terminated only by death. The author suggests that psychogeriatric day hospitals could be used to serve, to a greater degree, the needs of patients being "eased back into the community" or as a short-term alternative to other means of treatment.

Aronson, R. "The Role of the Occupational Therapist in a Geriatric Day Hospital." The American Journal of Occupational Therapy 30 (May/June 1976): 290-292.

The skills of an occupational therapist are discussed in terms of helping to maintain the therapeutic milieu in an adult daycare center; skills used in both the formal treatment and as part of the team effort in helping to promote independence in the patient. Recommendations are made for the types of assessments to be done, treatment planning, and goal setting for both the short (interim) and long term daycare patient. The Maimonides Day Hospital in Montreal is the setting from which the author speaks.

Bagnall, M.K. "Day Care and Social Needs." Gerontologia Clinica 16 (1974): 253-257.

After pointing out that geriatric day care meets a social need ("human beings were not meant to live in social isolaton; everybody needs the security that comes from adequate food, warmth and shelter"), the author is quick to concede that daycare is not cheap if adequately staffed, well-equipped, and conducted in a well-adapted premises. The article emphasizes viewing daycare as a bridge between institution and domiciliary care—a bridge which can be accessed from either end of the service delivery system.

Barber, R.M. "Setting Up a Day Centre." Health Visitor 43 (July 1970): 232-234.

This article is an account of a fourteen-year evaluation of a day center located in the town of Ashington, Northumberland. Included are descriptions of committees formed and the tasks they were assigned. The author provides insight into the immediate and long term plans for the growth of the Day Centre for Rehabilitation of the Elderly Sick.

Blake, D.H. "A Day Hospital for Geriatric Patients: The First Twelve Months." The Medical Journal of Australia 2 (November 1968): 802-804.

The results of the first twelve months' operation of the John Rindell Day Hospital in Dendigo, Victoria, Australia are reviewed; procedures for handling admission, transportation and absenteeism are discussed in more detail. Data is presented on attendance, diagnosis of patients, treatments carried out, duration of patient participation, and patient outcomes.

Brocklehurst, J.C. "Geriatric Services and the Day Hospital." In Textbook of Geriatric Medicine and Gerontology. Second edition. Edited by J.C. Brocklehurst. Edinburgh: Churchill Livingstone, 1978.

The functions of a geriatric day hospital are defined and the author examines the values which consultant geriatricians attach to these various roles of the day hospital. Though physicians report a strong emphasis on physical rehabilitation, the author makes some predictions about the future of social care of the mentally confused elderly, suggesting an increasing importance in the provision of care for these individuals. The rationale for having equal but separate day hospitals for psychogeriatric patients is provided.

Brocklehurst, J.C. "Role of Day Hospital Care." British Medical Journal 4 (1973): 223-225.

Geriatric care in Great Britain initiated an early form of progressive patient care, providing acute care wards, rehabilitation wards, and continuing care wards. The geriatric day hospital has evolved as a natural extension of these services, creating a bridge between the community and the hospital. The author explores the various types of day care available but focuses primarily on the medical model, the day hospital.

Brocklehurst, J.C. "The Development and Present Status of Day Hospitals." Age and Ageing 8, supplement (1979): 76-79.

Day hospitals in Great Britain are predominantly located within geriatric hospitals with one-half of all day hospitals being purpose-built. Given the large percentage of institutionally based day hospitals, the author explores the advantages and disadvantages of this arrangement providing a closer examination of three different designs of day hospitals. Designing space to meet the needs of programming is discussed.

Brocklehurst, J.C. The Geriatric Day Hospital. London: King Edward's Hospital Fund, 1970.

Research findings from a select sample of day hospitals emphasize that the primary role of day hospitals is therapeutic in nature. Despite varied characteristics of the hospitals and the patients served, three major reasons for the use of day hospitals could be identified: rehabilitation, physical maintenance and social care. The publication has three discrete sections: a definition of the status of day hospitals; a profile of the history, physical amenities, staffing and patient population for each day hospital; and data on the duration of attendance and patient outcomes for one hospital studied over a 6-year period.

Brocklehurst, J.C. and Tucker, J.S. Progress in Geriatric Day Care. London: King Edward's Hospital Fund, 1980.

This recently published book provides a broad overview of geriatric day care in the United Kingdom and summarizes the current posture of the service among physicians, staff, and patients and relatives. The authors provide the model for "a representative geriatric day hospital" and focusing on this model, review operational policy and management, programming, transportation and costs. Extensive data is shared relative to all of the above.

Cohen, M.G. "Alternatives to Institutional Care of the Aged. Social Casework 54 (October 1973): 447-452.

In a program designed to maintain older persons in the community longer, social workers are responsible for intake interviews with the elderly and liaison work with families and community service organizations. The program, sponsored by the Levindale Hebrew Geriatric Center and Hospital, operates 5 days per week and is designed for older persons who are "limited physically or psycho-socially, but who have a viable home plan in the community to meet nighttime and weekend needs."

Cosin, L. "Architectural and Functional Planning for a Geriatric Day Hospital." International Journal of Social Psychiatry 17 (1971): 133-140.

The dynamics of a day hospital in a geriatric unit differ greatly from those of a mental hospital, a daycare center, or a social club; the elderly population in attendance is essentially dependent upon the organizational ability and the therapeutic approach of the occupational therapists. However, individual patients have an increased range of activities as they improve. Thus, the author suggests a planned "race track" idea with central services and circumferential treatment rooms; the endless corridor has an additional therapeutic value for the permissive management of wandering, confused patients.

Doherty, N. and Hicks, B. "The Use of Cost-Effectiveness Analysis in Geriatric Day Care." The Gerontologist 15 (October 1975): 412-417.

This paper suggests some guidelines for the use of cost-effectiveness analysis and some topics for daycare research groups to explore which may provide a possible common approach to this analysis. The paper reviews the more generic analytical techniques and provides a more-indepth discussion of cost-effectiveness analysis as a technique; it then considers the measurements and uses of components cost and effectiveness in the daycare setting. The authors consider some approaches that might be utilized in developing standards for comparative studies.

Farndale, J. The Day Hospital Movement in Great Britain. New York: Pergamon Press, 1961.

In this investigation the author describes the development of the day hospital concept in Great Britain based upon his 1958-1959 study of 38 psychiatric day hospitals, nine geriatric day hospitals, and three daycare centers for the elderly. Part I analyzes the day hospitals and daycare centers studied, indicating trends observed and providing tentative conclusions. Part II of the wor describes in detail the 65 hospitals and day centers visited, focusing not on the clinical aspects of daycare but rather on the administrative, financial, and social aspects of the topic.

Greiff, S. and McDonald, R. "Roles of Staff in a Psychogeriatric Day Care Center." The Gerontologist 13 (Spring 1973): 39-44.

This paper focuses on the roles of staff members affiliated with a successful, growing adult daycare center. The authors have hypothesized some of the reasons for the high motivation and enthusiasm evident in staff and the general success of the unit. Based on the team approach, the authors discuss the roles of the team leader, nurses, attendants, social worker, occupational therapist, and the secretary.

Gustafson, E. "Day Care for the Elderly." The Gerontologist 14 (1974): 46-49.

This general information article addresses settings for day care programs for the elderly; in particular, the advantages and disadvantages of programs implemented in nursing homes and private neighborhood homes are explored. The Kuakini Day Care Center in Honolulu serves as an illustrative example for a center in a long term care setting and the program is briefly described. The author presents a model for an alternative site not frequently discussed--the neighborhood day care center.

Hall, M.R.P. "Day Care and Society." Gerontologia Clinica 16 (1974): 300-306.

The elderly independent person can be supported in society within his own home; however, the more aged the person becomes, the greater the likelihood that many of the people available to support him/her may also be elderly and dependent. Consequently, the older the individual, the more dependent he/she is likely to be on outside support, remote from the family circle. Day care is here discussed as part of a continuum of caring which can supplement both domiciliary and residential care and thus shorten hospital stays.

Harris, A. "Day Hospitals and Night Hospitals in Psychiatry." The Lancet 1 (April 1957): 727-730.

Providing both a historical perspective and a case study perspective about the organization, staff and patients of day hospitals, this article presents a concise review of the literature establishing for the reader a sense for the evolution of the concept. An advocate of designing day hospitals to suit their parent institutions, Harris describes the distinctions between two day hospitals, Bethlem Royal Hospital and Maudsley Hospital, and elaborates on staff function and patient selection.

Irvine, R.E., ed. "Symposium on Day Care." Gerontologia Clinica 16 (1974): 239-324.

This feature issue of Gerontologia Clinica is the result of a conference sponsored by the Hastings Group Hospital Management

Committee in November 1973. The interdisciplinary conference on geriatric daycare was convened in order to bring hospital officials and local authorities together to consider the future direction of daycare and what the relationship should be between hospitals, local authorities, and voluntary bodies in the provision of geriatric daycare services. Among the topics covered through papers presented are the following: medical requirements; physician, nurse, physical therapist, occupational therapist and social worker roles; and planning and designing day hospitals.

Kalis, M.L. "Day Care Program Takes Careful Planning, Teamwork, and Community Support." Modern Nursing Home 32 (January 1974): 33-34.

One of the original Title III--funded daycare programs in the United States, St. Otto's Home in Little Falls, Minnesota, provides an institutionally-based daycare model. The author, the administrator of the home, encourages thoroughly assessing the needs of prospective clients and gaining the enthusiastic cooperation of people in the area such as physicians, clergy, county social service workers, mental health personnel and other potential contributors.

Kennedy, R. "The Day Hospital as a Rehabilitation Resource in the United States." Rehabilitation 92 (January-March 1975): 44-50.

In 1972, the Burke Rehabilitation Centre in White Plains, New York began offering diagnostic and treatment services to elderly patients in a geriatric day hospital; this article represents a progress report on one adaptation of the British model to the American health care system. Services provided are discussed as are special transportation, considerations criteria for eligibility, intake procedures, health care planning for patients, and program objectives.

Kiernat, J.M. "Geriatric Day Hospitals: A Golden Opportunity for Therapists." The American Journal of Occupational Therapy 30 (May/June 1976): 285-289.

This article encourages occupational therapists to become more knowledgeable about health and social planning for the geriatric population and more assertive in seeking funding for new programs. Opportunities to play a role in daycare programs, as either a part time participant or as a leader, are discussed and physical therapy services which are reimbursable under various funding auspices are identified.

Koff, T. "How to Start a Day Care Program and Make It Grow." Modern Nursing Homes 32 (January 1974): 33-37.

This article provides a case study of one nursing home in Tucson, Arizona which ventured to be responsive to one elderly woman

whose needs did not warrant institutionalization, but who was unable to remain at home unattended during the day. From a small institutionally-based daycare program grew multiple cooperative agreements with hospitals, a department of public transportation, and various other agencies and individuals. The author recounts the developmental period in such a way that it may serve as a model for others attempting such an effort.

Koff, T. "Rationale for Services: Day Care, Allied Care and Coordination." The Gerontologist 14 (February 1974): 26-29.

This case study reports on the development of one of the first daycare centers in the U.S.; an institutionally-based program which offered services first to its own residents, and later extended its services to non-residents in the community. Problems encountered during implementation are discussed and potential solutions are explored. Handmaker Jewish Nursing Home in Tucson, Arizona is the institution discussed.

Kostick, A. "A Day Care Program for the Physically and Emotionally Disabled." The Gerontologist 12 (1972): 134-138.

This case study of the development of daycare services at Levindale Hebrew Geriatric Center and Hospital provides an account of how services were first implemented and how they ultimately evolved to become the program of today. The program provides a social and therapeutic environment as well as specifically prescribed therapeutic treatments and carries out professional recommendations. At the time the article was written, the staff was already considering the possibility of providing respite services.

Kostick, A. "Levindale Day Care Program." The Gerontologist 14 (February 1974): 31-32.

This article candidly discusses an evolving daycare program located at the Levindale Hebrew Geriatric Center and Hospital which is designed to serve older persons with less functional capacity than Senior Center participants. The author reports of initial attempts to "assign" daycare participants to a section of the institution where similar residents were located and addresses why this approach failed. Further discussion discloses the second approach and attempts explanation of high participant turnover in the program.

Lloyd, G. "The Role of the General Practitioner in the Geriatic Day Hospital." Modern Geriatrics 3 (February 1973): 96-101.

This paper describes a retrospective analysis of the work done at the Oldham Geriatric Day Hospital (Manchester, England) during the period January 1-December 31, 1969, together with a follow-up analysis made in March 1971. The Day Hospital operates under the

charge of five General Practitioner Clinical Assistants—persons selected from outside the field of Geriatrics—in hopes of stimulating an interest in Geriatrics. A consultant in Geriatrics would confer with each of the General Practitioners in determining a course of treatment.

Lodge, B. and Parker, F. "Environmental Modification in Day Care." Social Work Today 8 (March 1977): 14-15.

An essential purpose of daycare is that it promotes an environment conducive to maximum use of individual mental and physical abilities. This paper describes the principle underlying the initial assessment of the areas of need of daycare clients and the subsequent production of a structured program. A day hospital for patients with dementia is used as a model.

Lorenze, E.J.; Hamill, C.; and Oliver, R.C. "The Day Hospital: An Alternative to Institutional Care." Journal of the American Geriatrics Society 32 (July 1974): 316-320.

Objectives and admission criteria are discussed as they pertain to day hospitals for patients with physical disability or chronic illness as distinct from patients with primary psychiatric illness. The Day Hospital of Burke Rehabilitation Center, as part of a general hospital complex, provides health care and supportive services during the day. Special reference is made to Burke's research program, which obtained extensive data on admission criteria, cost of service, and the resulting benefits.

Lurie, E.; Kalish, R.; Wexler, R.; and Ansak, M.L. "On Lok Senior Day Health Center." The Gerontologist 16 (1976): 39-46.

On Lok Senior Day Health Center is discussed as one link in a planned chain of services and programs needed to maintain the frail, ethnic, elderly population in San Francisco's Chinatown/Northbeach area. The authors report on the significant components of On Lok's program based upon two assumptions: individuals should remain in the community as long as is medically feasible; and, people should be helped to help themselves.

McCuan, E.R. An Evaluation of a Geriatric Day Care Center as a Parallel Service to Institutional Care. Baltimore: Levindale Geriatric Research Center, 1973.

This document reports on a pilot study of the longitudinal cost-effective analysis of day care centers. The impact of day-care versus nursing home care on the socialization needs of disabled elderly is analyzed. This technical research report includes a section on the implications of the research conducted at the Levindale Hebrew Geriatric Center in Baltimore.

McCuan, E.R. "Geriatric Day Care: A Family Perspective." The Gerontologist 16 (December 1976): 517-521.

Developing the idea that the family of the aged daycare participant is also a client, the author strongly suggests that families be considered in the planning and delivery of daycare services. Clinical and statistical data from the Levindale Adult Day Treatment Center are used to document the importance of family involvement in the daycare program. The author suggests ways in which family members can be involved from the time of intake and throughout the treatment period.

McCuan, E.R. and Elliott, M.W. "Geriatric Day Care in Theory and Practice." Social Work in Health Care 2 (Winter 1976-1977): 153-170.

Defining geriatric daycare according to program objectives and populations served, this article presents descriptions of the various geriatric daycare center models: the health maintenance and restoration model, the social program model, and the individual client/patient model. Programmatic guidelines are provided, using the Levindale Adult Day Treatment model as an illustration.

McCuan, E.R. and Levenson, J. "Impact of Socialization Therapy in a Geriatric Day Care Center." The Gerontologist 15 (1975): 338-342.

A 1972 study of inpatients from the Levindale Hebrew Geriatric Center and Hospital and daycare participants from the Levindale Adult Treatment Center found that patterns and levels of social role performance varied both between and within the two groups. As a result of this study a program of socialization therapy was instituted for those participants identified as "socially disengaged." The authors report on the significant changes, among which was greater verbal interaction and peer group closeness.

McCuan, E.R.; Lohn, H.; Levenson, J.; and Hsu, J. Cost-Effectiveness Evaluation of the Levindale Adult Day Treatment Center. Baltimore: Levindale Research Center, 1975.

This publication reports on a three-year longitudinal study of day care and inpatient care which supported the feasibility of maintaining patients in a daycare center at comparable or improved functional levels over time. Differential effectiveness outcomes are compared to differential costs of the two service modalities. The cost effectiveness methodology used in the evaluation is discussed as a general methodological approach that can be applied in programmatic evaluation.

McCuan, E.R.; Rose, M.G.; and Bland, J. Preliminary Analysis of Select Geriatric Day Care Programs. Washington, D.C.: Government Printing Office, 1975.

The major objectives of this effort were to define, describe, and compare the major programmatic elements of selected daycare centers; the reader is cautioned that this information is based on a preliminary survey. Methodology was limited to the gathering of factual information about nine variables related to daycare programs: size of facilities; characteristics of client group; admission and discharge criteria; attendance pattern; daycare costs and funding patterns; stage of program development, staffing patterns; program content; and program structure. Document available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

McDonald, R.D.; Neulander, A.; Holod, O.; and Holcomb, N.S. "Description of a Non-Residential Psychogeriatric Day Care Facility." The Gerontologist 2 (Winter 1971): 322-327.

Through independent observation of the therapeutically oriented non-residential psychogeriatric daycare center of the Syracuse Psychiatric Hospital, the authors described the center's activities over a 4-month period. Their methods included critical examination of center records and multiple unstructured interviews with staff and support personnel. Staffing patterns, physical facilities, patient population, cost estimates (dated), and logistical arrangements are outlined briefly.

MacFarlane, J.P. et al. "Day Hospitals in Modern Clinical Practice—Cost Benefit." Age and Ageing 8, supplement (1979): 80-86.

This article focuses on the demonstration of the benefits of day hospital treatment and the costs of day hospital treatment. Data on the types of patients, their problems, their treatments, the benefits accruing as a consequence of their participation in the day hospital, and associated costs are all provided. The authors provide distinctions between persons who should be receiving inpatient hospital care, day hospital care, and day center care.

Martin, A. and Millard, P.H. "Effect of Size on the Function of Three Day Hospitals: The Case for the Small Unit." Journal of the American Geriatrics Society 24 (November 1976): 506-510.

The work load of three British day hospitals, each attached to active departments of Geriatric Medicine located within Crawley, Sussex, and St. George's Hospital, was studied over a 12-month period; a significant difference in the functional efficiency of the three units was noted. The authors conclude that size is the major factor in the success or failure of a daycare unit and that an effective unit for outpatient rehabilitation can be established if staff members are chiefly remedial therapists. The authors also conclude that social daycare centers should be kept separate from active rehabilitation centers.

Martin, A. and Millard, P.H. "The New Patient Index - A Method of Measuring the Activity of Day Hospitals." Age and Ageing 4 (1975): 119-122.

The workload of three day hospitals was studied during 1973 to devise a new method of assessing day hospital activity and function, referred to as the New Patient Index. The authors offer the Index as a model to be used in other day hospitals; a rapid assessment can be made weekly, monthly or yearly with its use. The instrument can be used to plan day hospital development based on the discerned needs of the elderly in a given catchment area.

Matlack, D. "The Case for Geriatric Day Hospitals." The Gerontologist 15 (April 1975): 109-113.

The paucity of specialized geriatric day hospitals in this country is identified as the chief reason for the lack of commitment to this field on the part of physicians, service providers, and service planners. A strategy for expanding geriatric services is proposed with the geriatric day hospital model used as the foundation of the strategy.

Mehta, N. and Mack, C. "Day Care Services: An Alternative to Institutional Care." Journal of the American Geriatrics Society 23 (June 1975): 280-283.

This case study of the daycare program at St. Camillus Nursing Home in Syracuse, N.Y. documents the growth rate of the program, the observed benefits to the participants, and acceptance by family members and community. The authors discuss the well defined and non-restrictive admission criteria, New York state's receptivity to the program, and reimbursement. Programmatic aspects of the center are briefly discussed.

Morgan, D. "Day Care as an Alternative to Nursing Homes." Dimensions in Health Service 55 (March 1978): 38-39.

Geriatric daycare centers are viewed in this article as a natural extension of nursing homes. The author suggests that there are benefits to be derived by a nursing home housing a daycare center; increased revenues and proper facilities are examples. Geriatric daycare centers are viewed as "senior citizen drop-in centres with structured programs for maintaining physical and mental health."

Morlok, M.A. "Community Resources for the Elderly Day Therapy Centre: The Role of the Primary Care Nurse." Canadian Nurse 73 (April 1977): 50-51.

The Day Therapy Centre, located in Hamilton, Ontario within a hospital for the chronically ill, is a program which focuses its efforts in three areas: assessing disabled and/or older persons' ability to function at home, continuing support and therapy to assist persons to remain in the home, and providing resocialization of the isolated and/or disabled older persons in the community. The staff of the Day Centre work closely with hospital staff to ensure that clients receive the benefits of therapeutic resources appropriate to their needs.

O'Brien, C. "Elderly Day Health Care: Implications for Nursing." American Health Care Association Journal 5 (September 1979): 3-6.

The author presents some of the results of a survey of three nursing home-based day health programs: a definition of day health care, models of day health programs, and their implications for nursing. Nursing in a day health center is described as a professional process which requires collecting data, assessing needs, formulating a goal-oriented plan, interviewing in an appropriate way, and evaluating the plan for its effectiveness and efficacy.

Padula, H. Developing Day Care for Older People. Washington, D.C.: National Council on the Aging, 1972.

This technical assistance monograph provides a very basic text for the individual or group exploring the feasibility of implementing a day care center or a day hospital for the elderly. In response to questions of financing, auspices, social vs. medical models, patient populations and staff, the author responds with suggestions, rather than guidelines, to allow for the variety of arrangements which could be made based upon the resources available in any community.

Patashnick, M. "The Social Work Helping Process Within a Geriatric Day Care Service." Concern (February-March 1977): 15-18.

This article addresses the social worker in the adult day care environment: the kinds of problems encountered; the kinds of resolutions attempted; and the expected responsibilities of the participants. Based on his experience as a social worker and as the supervisor of daycare services at Baycrest Centre for Geriatric Care in Toronto, the author discusses decision-making, structure, procedures, and expectations, and how these are all conveyed through a joint interview process with the daycare applicant and a family member. The author employs multiple case studies to serve as illustrative examples.

Pfeiffer, E., ed. Day Care for Older Adults: A Conference Report. Durham: Duke University Center for the Study of Aging and Human Development, 1977.

This report constitutes the proceedings from the conference "Daycare for Older Adults: the New Modality" held at Duke University in May, 1976. The contributing authors, all well known in the adult daycare field, address topics such as: objectives of daycare; models of daycare; setting up daycare programs; and funding of daycare in both the public and private sectors.

Robins, E.G. "Day Care in Sweden, Denmark and Holland: Applicability to Programs in the U.S." Paper presented at the 29th annual scientific meeting of the Gerontological Society, New York, N.Y., October 14, 1976.

Due to the considerable interest expressed with regard to adapting the European models of daycare to programs in the United States, the Federal government undertook experiments to test the viability of health-oriented daycare as a reimbursable benefit under Medicare and Medicaid. The author reports on the progress of those experiments while highlighting similarities and differences between daycare programs in Sweden, Denmark, Holland, and the U.S. Based on observations, the author suggests areas where research is needed. (Address requests for copies to: Edith Robins, HCFA, Room 2F3, Dogwood East Bldg., 1847 Gwinn Oak Avenue, Baltimore, Md. 21207.)

Robins, E.G. "Operational Research in Geriatric Day Care in the United States." Paper presented at the 10th International Congress on Gerontology, Jerusalem, Israel, June 22-27, 1975.

In order to clarify thinking about the various forms of daycare, the author suggests a new concept of Modules of Care which are to be utilized as an aid in the description of Federally-funded experiments designed to determine costs, compare costs with traditionally reimbursable services, and determine effectiveness of patient outcomes. Modules I and II describe programs that provide a time-limited therapeutic regimen to acutely ill patients with the ultimate goal of restoring them to independent living or to permit them to be transferred to a less intensive form of care. Modules III and IV provide longterm maintenance services designed to permit the individual to remain in the home setting as long as possible. (Address requests for copies to: Edith Robins, HCFA, Room 2F3, Dogwood East Bldg., 1847 Gwinn Oak Avenue, Baltimore, Md. 21207.)

Robins, E.G. "Therapeutic Day Care: Progress Report on Experiments to Test the Feasibility for Third Party Reimbursement." Paper presented at the 27th annual scientific meeting of the Gerontological Society, Portland, Oregon, October 30, 1974.

This paper attempts to clarify the U.S. Government's motivation for experiments begun in 1974, experiments which related to a strongly health-oriented model of day care. The reasons for developing a working definition of the therapeutic model and guidelines for the model are reviewed and the construct of the "Patient Status Instrument," predictive of outcomes, is explained. This paper will be of interest to those persons doing research in adult day care. Address requests for copies to: Edith Robins, HCFA, Room 2F3, Dogwood Bldg., 1847 Gwinn Oak Avenue, Baltimore, Md. 21207.

Ross, H. "A Fundamental Organizational Model for the Development of a Day Care Center, a Senior Center, or the Geriatric Component of a Mental Health Center." Paper presented at the 32nd Annual Scientific meeting of the Gerontological Society, Washington, D.C, November 25-29, 1979.

An organizational approach which places the responsibility for planning services for the elderly in the hands of the elderly in conjunction with service providers is proposed. The model of the "Neighborhood Family" was designed to enlist the support of older people from an area defined as their neighborhood. The model offers one option for the development of a day care center. Copies of paper available at cost from: Hilda Ross, Ph.D., Director for Mental Health Services for the Aging, South Carolina Dept. of Mental Health Services for the Aging, South Carolina Dept. of Mental Health, P.O. Box 485, Columbia, S.C. 29202.

Shires, J. "A Travelling Day Hospital." Social Work Today 8 (March 1977): 16-18.

Rural populations oftentimes do not have the benefits of an environment rich in social services. The author of this article describes a new approach to psychiatric day care for older persons; the clinical team goes to the patients in their own hometown environments. Day center care is provided on a sessional basis; the author details the advantages of this approach over the more conventional approach.

Strouthidis, T.M. "Medical Requirements of the Day Hospital." Gerontologia Clinica 16 (1974): 241-247.

This overview provides a discussion of the day hospital and its objectives; a review of diagnoses of patients accepted for attendance; a statement of requirements for physician availability, laboratory investigations, and medical records; a discussion of day hospital procedures; identification of the medical needs of attending patients; and, a suggestion for expansion in the future.

Symonds, P.C. "Social Services and Day Care." Gerontologia Clinica 16 (1974): 270-273.

The role of social services in daycare, as discussed by this author, is to not only disseminate social services information directly to the aged person in need, but to assume responsibility for alerting the community that there are people in need and there are roles for all to play in meeting those needs. Social services should seek to provide the full range of personal and recreational services required for old people in a given locality.

Tift, J.C. "The Social Function of Day Care Programs for the Elderly." Journal of Gerontological Nursing 3 (1977): 58-63.

While daycare centers can offer an alternative choice of care for older persons, when existing as part of an institutional environment they can also provide a means of extending the institution's services to the community. Likewise, the community can extend its services to community elders by utilizing an existing resource. The author discusses at length the social benefits for older persons, families, and the community at large when they participate in such a mutual working relationship.

Trager, B. and Reif, L., eds. "Supplementary Discussion of the Weissert Report." Home Health Care Services Quarterly 1, Supplement (October 1980).

In response to the highly controversial Weissert report on the 222 projects, the editors of this journal provided an opportunity for persons to publicly critique the Weissert report. Individuals were invited to respond positively or negatively to the research effort and results; these responses constitute the special supplement to the edition of the Quarterly.

Trupiano, F. Initial Planning Considerations for Developing an Adult Day Care Center. Denton: North Texas State University, 1978.

Beginning with a review of the literature on implementation of adult day care programs, this publication reports on the development of an adult daycare center in a rural county in Illinois. The author provides a plan which might serve as a model for similar operations. Among the appendices included is a complete set of job descriptions for all key staff people of an adult daycare center. This document is no longer available from North Texas State University; it is available in most university settings with aging programs and through NRTA-AARP National Gerontology Resource Center, 1919 K Street, N.W., Washington, D.C. 20007.

U.S. Congress. Senate. Special Committee on Aging. Adult Day Facilities for Treatment, Health Care, and Related Services, by B. Trager. Washington, D.C.: Government Printing Office, September, 1976.

The author, reporting to the Senate Special Committee on Aging, relates the findings of studies thus far conducted to test cost effectiveness and feasibility, and to provide clarification of varying purposes of day health centers. She suggests areas for more intensive inspection and urges that the Federal Government set quality standards for adult daycare. The failures of Federal policy and practice are cited as the chief reasons why funding and community networks are so fragmented and thus not supportive of day health centers. Document available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 - Price $1.40.

U.S. Department of Health, Education and Welfare. Health Care Financing Administration. Directory of Adult Day Care Centers. Washington, D.C.: Government Printing Office, May, 1978.

This listing of Adult Day Care Centers represents an updated version of the original Directory, published in September, 1977, and should be regarded as an on-going effort to catalogue programs in a rapidly developing field. The Directory includes all known programs providing adult day care services; senior center programs, and psychiatric day hospitals. Those programs providing primarily psychiatric day care services have been excluded. Programs are classified as restorative, maintenance, or social on the basis of information received from the programs. Document available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

U.S. Department of Health, Education and Welfare. Health Resources Administration. Report on Day Hospitals in Israel and Great Britain, by E. G. Robins. Washington, D.C.: Government Printing Office, 1975.

This government publication provides an overview of care of the elderly in Israel; it includes discussions of day hospitals, rehabilitative services, and homemaker and home health services; it is information obtained primarily through interviews with high level officials within the Ministry of Health. Information provided on Great Britain is offered from a historical perspective and supplemented by information obtained while visiting five of the better known day hospitals in Great Britain. Copies of this document may be obtained by writing: Edith Robins, HCFA, Room 2F3, Dogwood East Bldg., 1847 Gwinn Oak Ave., Baltimore, Md. 21207.

U.S. Department of Health, Education and Welfare. National Center for Health Services Research. Adult Day Health Care - A Conference Report, by B. Trager. Washington, D.C.: Government Printing Office, May, 1979.

This report has a dual purpose: it summarizes the proceedings of a two-part conference grant sponsored by the National Center for Health Services Research (PHS-DHEW); it is also intended to serve as a resource document for those interested in the present status of adult day health care in the United States as it was reflected in Conference discussions. More than 80 people, representing providers, planners, policy-makers, funding sources, and related government and private service fields, attended these conferences. Copies of document available through: National Center for Health Services Research, 3700 East-West Highway, Hyattsville, Md. 20782.

Urman, S. "The Social Work Helping Process in Intake to a Geriatric Day Service." Concern (February-March 1977): 11-14.

The structure of intake into a geriatric day service opens up a multifaceted view of the crisis situation, locates where the real points of struggle and conflict are between the family members and the older daycare client. This article explores the kind of emotions experienced by many older persons and their families while they decide whether or not to utilize day care services; and further, what role the staff plays during this period. The author presents the case that the helping process begins at the beginning of intake.

Wadsworth, M.E.J.; Sinclair, S.; and Wiry, H.M. "A Geriatric Day Hospital and Its System of Care." Social Science and Medicine 6 (1972): 507-525.

This study, conducted by the Medical Research Council Unit for the Study of Environmental Factors in Mental and Physical Illness, London School of Economics, was intended to describe the organization of a geriatric day hospital in order to study its goals and objectives in relation to its day-to-day practice. Data about work and time spent at work (collected from medical, nursing and administrative staffs in addition to one-third of the registered patient population) is reported on in this length article.

Wan, T.; Weissert, W.; and Livieratos, B. "Geriatric Day Care and Homemaker Services: An Experimental Study." Journal of Gerontology 35 (March 1980): 256-274.

The purpose of this study was to examine the effects of experimental services (daycare and homemaker services), prognostic measures, and patients' previous psychosocial and physical health status on patient outcomes (improvement or maintenance of physical, psychological, and social functioning levels). A longitudinal approach was employed. Profiles of patients having positive outcomes are presented.

Weiler, P. and McCuan, E.R. Adult Day Care: Community Work with the Elderly. New York: Springer, 1976.

This concise book addresses planning, implementing, and evaluating daycare centers for the elderly with comprehensive model descriptions of centers in the United States. The authors address the difficulties encountered in planning services and the practical problems of administering the daily operations of a daycare center. This publication is designed for health professionals and provides the reader with a listing of resource agencies that may be supportive in collaboration with day care service.

Weissert, W.G. "Adult Day Care Programs in the United States: Current Research Projects and a Survey of 10 Centers." Public Health Reports 92 (January-February 1977): 49-56.

In 1974 the National Center for Health Services Research provided funding for a study of 10 existing adult day care programs as a first attempt at defining the service. Data was collected on history, goals, admission criteria, intake procedures, staffing, services, population characteristics, referral sources, type of affiliation, and daily costs of operations for each of the ten centers. The author provides summary data on the following centers: Athens (GA) Brightwood Day Care Center; Burke Hospital, White Plains, N.Y.; Levindale Adult Day Treatment Program, Baltimore, Md.; Lexington (KY) Center for Creative Living; Mosholu-Montefiore Geriatric Day Care Program, Bronx, N.Y.; On-Lok Senior Health Services Center, San Francisco, CA.; San Diego (CA) Senior Adult Day Care Program; St. Camillus Health Care by the Day Program, Syracuse, N.Y.; St. Otto's Day Care Program, Little Falls, MN; and Tucson (AZ) Senior Health Improvement Programs (SHIP).

Weissert, W.G. "Cost of Adult Day Care: A Comparison to Nursing Homes." Inquiry 15 (March 1978): 10-19.

In a comparison study of costs associated with daycare and nursing home care the author draws upon a survey of ten operational daycare centers around the U.S. Data presented in this article reflects the wide range of costs for adult day care services and reasons for these substantial differences are provided; variations in program content, staffing, transportation, size of program, and efficiency. A discussion of costs and expenditures reveals to the reader that costs of long term care exceed those incurred by third party payers.

Weissert, W.G. "Rationales for Public Health Insurance Coverage of Geriatric Day Care: Issues, Options, and Impacts." Journal of Health Politics, Policy and Law 3 (Winter 1979): 555-567.

With an emphasis which is heavily institutional, this country's long term care system frequently offers too few options for elderly persons requiring services other than institutional services. Further, the author suggests, the system in many instances offers inferior quality care, and by placing much emphasis on caring for physical ills, often there is little concern for enhancing the patient's quality of life. This article explores the financial and technical constraints in daycare given three objectives: cost-saving, improved outcomes, and quality of life.

Weissert, W.G. "Two Models of Geriatric Day Care: Findings from a Comparative Study." The Gerontologist 16 (October 1976): 420-427.

Using data from a field study of ten programs, the author conceptualizes two models of geriatric day care: Model 1 fits the conceptualization of a rehabilitation program or "day hospital", Model 2 programs are multipurpose, serve less disabled, more heterogeneous populations which receiven less skilled care and incur lower daily costs. Both models are able to adapt their program features, to some degree, to existing service systems.

Weissert, W.G.; Wan, T.; Livieratos, B.; and Katz, S. "Effects and Cost of Day Care Services for the Chronically Ill: A Randomized Experiment." Medical Care 18 (June 1980): 567-584.

Adult day care services were studied in a randomized experiment to test the effects on patient outcomes and costs. Patients' physical, psychosocial and health functions were assessed quarterly, and their Medicare bill files were obtained as was Medicaid data for those few patients who filed Medicaid claims. The authors' analysis of impacts on physical functioning ability, mortality, skilled nursing facility institutionalization, and hospitalization reveals that few patients benefitted from the daycare services.

Weissert, W.G., et al. Final Report: Adult Day Care in the United States, a Comparative Study. Washington, D.C.: Transcentury Corporation, 1975.

This document represents the final report of a study whose purpose was to produce baseline information that would contribute to the overall objective of the Section 222 daycare demonstrations, in the development and testing of services. This document was intended for an audience of Federal staff responsible for planning, daycare providers or potential providers interested in learning more about the services and experiences of other daycare providers, and all state and local agencies concerned with daycare for the elderly. To obtain copy of document contact: William Weissert, Ph.D., National Center for Health Services Research, 3700 East-West Highway, Hyattsville, Md. 20782.

Wood, S. and Harris, W. "Adult Day Care: A New Modality." Journal of Long Term Care Administration (Spring 1976): 18-28.

This overview article provides a historical perspective on adult daycare, both abroad and in this country. The authors emphasize the important role that daycare plays in the long term care system given the diversity of models which serve different populations of people. A caveat is presented regarding the lack of formal requirements and regulations for day care centers.

Zarit, S.H. "Predictors of Outcome Among Day Care Participants." Long Term Care and Health Services Administration Quarterly 2 (1978): 150-162.

For the study reported in this article, conducted at the day care program of the Kingsbridge campus of the Jewish Home and Hospital for the Aged of New York, a psychosocial assessment was done at the time of entry into the program. Initial levels of functioning were found to be related to subsequent outcome in the day care program, whether the client continued in the program, dropped out but remained in the community, or entered total care settings. These results suggest procedures for screening older persons who are at high risk for entering a total care setting.

ADDITIONAL RESOURCES

Bibliographies

Bell, S. "A Bibliography on Adult Day Care." Philadelphia: Philadelphia Corporation on Aging, 1979. (Copies available from: 9 Steven Bell, Librarian, Philadelphia Corporation on Aging, 1317 Filbert St., Room 415, Philadelphia, PA. 19107)

Carter, J.; Edwards, C.; Anderson, J.; and Jones, V. Adult Day Care Selected Reading. London: National Institute for Social Work, 1978. (Copies available from: Librarian, National Institute for Social Work, 5 Tavistock Place, London, WC1H 9SS.)

Rhodes, L., and Hamilton, J. "Adult Day Care Services." In Alternative Care for the Elderly, pp. 19-27. Austin: University of Texas, 1977.

Annotated bibliography of over 150 items available through The National Institute on Adult Daycare (NAID), National Council on the Aging, Inc., 1828 L Street, N.W., Washington, D.C. 20036.

Community Resource Agencies

Weiler, P. and McCuan, E.R. "Appendix D: Community Resource Agencies." In Adult Day Care: Community Work with the Elderly. New York: Springer, 1976. (Provides listing of resource agencies which potentially would provide support in collaborative day care services to include: medical/social service groups, voluntary groups, religious groups, educational organizations, planning agencies, and government agencies.)

National Association

The National Institute on Adult Daycare (NIAD) was established within the National Council on the Aging in 1979 to provide a focal point for adult daycare at the national level. It was initiated through the efforts, and in direct response to, the expressed need and demand of daycare practitioners from across the country. The institute was organized to promote daycare as a viable option of a community-based program of services and activities for disabled older persons within the larger continuum of long-term care.

The purposes of the Institute are:

- To provide a focal point for adult daycare at the national level
- To promote the concept of adult daycare by working with voluntary organizations and governmental agencies at all levels
- To stimulate further development and refinement of daycare as a modality of service
- To provide opportunities for exchange of ideas and experiences in the delivery of adult daycare
- To develop standards and guidelines for quality daycare programs
- To provide training and technical assistance for service providers
- To organize efforts to achieve additional and more secure funding for the provision of adult daycare
- To support the efforts and development of state associations on adult daycare

Current services and activities include:

- Newsletter
- Regional and national conferences and workshops
- Consultations
- Annotated bibliography
- Advocacy of public policy positions related to concerns of adult daycare
- Survey of state adult daycare regulations
- Survey of state adult daycare legislation

For more information regarding NIAD's activities, or to become a member, contact:

Joyce Leanse, Assistant Director
National Council on the Aging, Inc.
1828 L Street, N.W.
Washington, D.C. 20036
(202) 223-6250

Resource Persons

Marie Louise Ansak
On Lok Senior Health Center
1455 Bush Street
San Francisco, CA 94706
(415) 989-2578
(for extensive consultation, a fee may be levied)

Richard Kalish, Ph.D.
1010 Idlewild Lane, S.E.
Albuquerque, NM 87108
(505) 266-0622

Theodore H. Koff, Ed.D., Director
Long Term Care Administration
College of Business and Public Administration
University of Arizona
Tucson, AZ 85719
(602) 626-4854
(Chairperson, First National Conference on Daycare)

Eloise Rathbone-McCuan, Ph.D.
George Warren Brown School of Social Work
Washington University
St. Louis, MO 63130
(314) 889-6600

Edith G. Robins
Health Care Financing Administration
Room 2F3, Dogwood East Bldg.
1847 Gwinn Oak Avenue
Baltimore, MD 21207
(301) 594-3314

Brahna Trager, Co-Editor
Home Health Care Services Quarterly
School of Nursing
Room N-411Y
Dept. of Family Health Care Nursing
University of California
San Francisco, CA 94143

Bonnie Walson, Director
Senior Health Improvement Programs
Handmaker Jewish Geriatric Center
2221 N. Rosemont Blvd.
Tucson, AZ 85712
(602) 887-2323

Philip Weiler, M.D.
Chief Deputy Director
State Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814
(916) 445-2927

William G. Weissert, Ph.D.
National Center for Health Services Research
Office of Health Research, Statistics and Technology
3700 East-West Highway
Hyattsville, MD 20782
(301) 436-6940

DAYCARE Name	Policy Issues and Program Objectives	Implementation	Programming	Linkages
ACNHA, 1978	X			
ANDREWS et al, 1970			X	X
ARIE, 1979	X			
ARONSON, 1976			X	
BAGNALL, 1974	X		X	X
BARBER, 1970		X		
BLAKE, 1968			X	
BROCKLEHURST, 1978	X		X	X
BROCKLEHURST, 1980	X	X	X	X
BROCKLEHURST, 1973	X			
BROCKLEHURST, 1979	X			
BROCKLEHURST, 1970	X	X	X	X
COHEN, 1973			X	
COSIN, 1971		X	X	
DOHERTY/HICKS, 1975	X			
FARNDALE, 1961			X	
GREIFF/MCDONALD, 1973		X		
GUSTAFSON, 1974	X			
HALL , 1974	X		X	X
HARRIS, 1957	X			
IRVINE, 1974	X	X	X	X
KALIS, 1974			X	
KENNEDY, 1975	X	X	X	
KIERNAT,1976		X		
KOFF, 1974		X	X	
KOFF, 1974		X		X
KOSTICK, 1972		X	X	X
KOSTICK, 1974		X	X	
LLOYD, 1973	X	X	X	
LODGE/PARKER, 1977		X		
LORENZE et al, 1974	X			
LURIE et al, 1976			X	
McCUAN, 1973	X	X	X	

CONT.

	Policy Issues and Program Objectives	Implementation	Programming	Linkages
McCUAN, 1976			X	
McCUAN/ELLIOTT, 1976/7	X		X	
MeCUAN/LEVENSON, 1975			X	
McCUAN et al, 1975	X		X	
McCUAN et al, 1975	X	X		
McDONALD et al, 1971	X	X		
MacFARLANE et al, 1979			X	X
MARTIN/MILLARD, 1976		X		
MARTIN/MILLARD, 1975		X		
MATLACK, 1975	X			
MEHTA/MACK, 1975		X	X	
MORGAN, 1978		X	X	
MORLOK, 1977			X	
O'BRIEN, 1979	X	X		
PADULA, 1972	X	X	X	
PATASHNICK, 1977		X	X	
PFEIFFER, 1977	X	X	X	X
ROBINS, 1976	X		X	
ROBINS, 1975	X		X	
ROBINS, 1974	X			
ROSS, 1979		X		
SHIRES, 1977	X		X	
STROUTHIDIS, 1974	X		X	
SYMONDS, 1974			X	
TIFT, 1977	X			
TRAGER/REIF, 1980	X			
TRUPIANO, 1978		X		X
U.S. CONGRESS, 1976	X	X		
USDHEW/HCFA, 1978				X
USDHEW/HRA, 1975	X		X	X
USDHEW/NCHSR, 1979	X	X	X	X
URMAN, 1977		X	X	
WADSWORTH et al, 1972	X	X	X	
WAN et al, 1980	X			
WEILER/McCUAN, 1976	X	X	X	X

CONT.

	Policy Issues and Program Objectives	Implementation	Programming	Linkages
WEISSERT, 1977	X	X	X	X
WEISSERT, 1978	X			
WEISSERT, 1979	X			
WEISSERT, 1976	X		X	
WEISSERT et al, 1980	X			
WEISSERT et al, 1975	X	X	X	
WOOD/HARRIS, 1976	X			
ZARIT, 1978	X			

APPENDIX 1

THOUSAND ISLANDS CONFERENCE PARTICIPANTS

Eugene M. Dagon, M.D.
Medical College of Wisconsin
9191 Watertown Plank Road
Milwaukee, WI 53226

Charles Fogelman, Ph.D.
8711 Maywood Avenue
Silver Spring, MD 20910

Margaret Gatz, Ph.D.
734 W. Adams Blvd.
Los Angeles, CA 90007

Jay Greenberg, Sc.D.
Associate Director
Health Services Research Center
University of Minnesota
1350 Mayo Building, Box 197
420 Delaware Street, S.E.
Minneapolis, MN 55455

John A. Hackley, President
The Hillhaven Foundation
P.O. Box 99237
Tacoma, WA 98499

Tom Hickey, Dr.P.H.
Health Gerontology Program
M5112 School of Public Health
University of Michigan
109 S. Observatory
Ann Arbor, MI 48109

Gail House, Ph.D.
Southwestern Gerontological Institute
Texas Tech University Health
Science Center
Thomas Hall, Room E-118
Lubbock, TX 79430

Glenn H. Hughes, Ph.D.
Medical Towers Building
1717 11th Avenue, South
Birmingham, AL 35294

Richard A. Kalish, Ph.D.
1010 Idlewilde Lane, S.E.
Albuquerque, NM 87108

Rosalie Kane, D.S.W.
The Rand Corporation
1700 Main Street
Santa Monica, CA 90460

Donna Lind, Ph.D.
Department of Health Services
Administration
George Washington University
Washington, D.C. 20052

Myron Miller, M.D.
Veterans Administration Medical
Center
800 Irving Avenue
Syracuse, NY 13210

Russell Mills, Ph.D.
University of Kansas Medical Center
134 Sudler
39th and Rainbow
Kansas City, KS 66103

Michael Smyer, Ph.D.
S-110 Human Development
Pennsylvania State University
University Park, PA 16802

For ELM Services:

David J. English, D.B.A.
Lee E. Mortenson
Celia Berdes
Kathleen Grady